



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR MOTION PICTURE OPERATOR'S LICENSE

Please send application to:
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

APPLICATION FOR MOTION PICTURE OPERATOR'S LICENSE

Application must be filled out in ink and accompanied by a non refundable processing fee of \$50.

Note: The filing of this application does not permit an applicant to have charge of or to operate a moving picture machine UNTIL THE LICENSE HAS BEEN ISSUED AND RECEIVED BY YOU.

In accordance with the provisions of Chapter 143 of the Massachusetts General Laws, I hereby make application for a license to operate a Motion Picture Machine, and I certify that the following statements are correct. Any false statements will be cause for revocation of a license, if issued.

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

Name: _____ Social Security Number: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____ Email address: _____

Have you ever been examined in this Commonwealth for a Motion Picture Operators License? Yes (____) No (____)

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Department which are required under Law.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION
(MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

MA- RMV photo release signature

Name of Sponsor: _____
(Print Name) (Date) (Signature of Sponsor)

Address: _____
(City/Town) (State) (Zip Code)

We are in receipt of your application for a Motion Picture Operator's License. This letter is to provide information that will assist you in preparing for a 50 True/False question examination.

1. You will be required to demonstrate your familiarity with applicable Rules and Regulations specifically, you will be expected to be conversant with:
 - (a) Regulations governing the use of cinematography's and similar apparatus for the exhibition of Motion Pictures (520 CMR 3.00) which can be obtained at the State House Bookstore, Room 116, State House, Boston, MA 02108 (617) 727-2834.
 - (b) Massachusetts General Laws, Chapter 143, Sections 72-86. These are reprinted and appended to the Rules and Regulations mentioned above. (520 CMR 3.10).
 - (c) Additionally, you will be expected to have a general knowledge of motion picture machines; splicing instruments, and fire fighting equipment and protective devices commonly used in projection booths.

YOU WILL BE NOTIFIED OF YOUR EXAM DATE BY MAIL APPROXIMATELY 2 WEEKS BEFORE EXAMS

EXAMS TAKE PLACE THE LAST WEEK OF EVERY MONTH

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY ETC.]

YOU MAY VISIT OUR WEBSITE FOR OUR EXAM SCHEDULE UNDER ENGINEERING EXAM SCHEDULE www.mass.gov/dps

PREREQUISITES: ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED PROPERLY. FAILURE TO SUBMIT ALL REQUIRED INFORMATION AND PROPER FEE WILL RESULT IN UNNECESSARY DELAYS.

- *Completed Application with proper home mailing address and social security number.*
- *Attach 1" x 1.25" photo or a legible copy of a valid driver's license
(Unless Authorization for Release of RMV Photo Information Signed-Off)
Applicants: You must be at least 18 years of age.*
- *Non-refundable application processing fee (\$50.00)*